

Welcome To Our VI Career Network One Stop Center

HOW CAN WE HELP YOU? (Please check all that apply)

I need

- Help finding work / Jobreferrals
- Information about Unemployment Insurance (UI)
- Information about services for job seekers with disabilities
- Help finding a new career that fits my skills and interest
- Vocational /Occupational training
- Job search skills (resume writing, how to look for work, interviewing, keeping the job, etc.)
- Information about education (GED, high school completion, college)
- Computer Classes
- To improve my basic skills (reading, math)
- To learn English
- Information about Youth Services
- referral to other services (child care, transportation, housing, legal, counseling, etc)
- other: _____

LAST NAME:	FIRST NAME:
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SOCIAL SECURITY #:	TODAY'S DATE:
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Address:	STREET:	ZIP:
	CITY/STATE:	

Mailing Address:	STREET:	ZIP:
	CITY/STATE:	

Day Phone:	Alt. Phone:
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E-Mail Address:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Date of Birth:	Are you registered for Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Emergency Contact:	Name:	Phone Number:
	Relationship:	E-Mail Address:

ETHNICITY:	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Hispanic
	<input type="checkbox"/> Black-not Hispanic	<input type="checkbox"/> White-not Hispanic <input type="checkbox"/> Other
	<input type="checkbox"/> Asian	<input type="checkbox"/> Decline to Answer

EDUCATION STATUS:	Are you currently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest grade completed: _____
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Diploma Earned: <input type="checkbox"/> HS Diploma	<input type="checkbox"/> GED	<input type="checkbox"/> College
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Degrees, licenses, or other credentials you hold: _____

CAREER INTEREST: What are your plans for the future immediately after SYEP?

Please select your top three (3) career interests: *(While we will attempt to place you in a position within your career interests, we cannot guarantee placement based on your selections.)*

Choice 1: _____

Choice 2: _____

Choice 3: _____

Please select your top three (3) categories that best describe the kind of work you would like to do this summer:

Choice 1: _____

Choice 2: _____

Choice 3: _____

ADDITIONAL INFORMATION			Pregnant or nursing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Veteran of the U.S. Military	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ex-Offender	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current or former Foster Youth	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Migrant/seasonal farm worker	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Refugee/Asylee	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Person with a disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Homeless	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Receiving Unemployment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Receiving Public Assistance <i>(GA, TANF, Food Stamps, RCA, SSI)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Received Unemployment <i>within past 12 months</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Permanent Alien #:	_____				

WORK HISTORY (Please start with last job held)

1. Company/Address:		Job Title 1:	
City:	State:	Job Duties:	
Start Date:	End Date:		
Hourly Wage:	<input type="checkbox"/> PT	<input type="checkbox"/> FT	Reason for Leaving:
2. Company/Address:		Job Title 2:	
City:	State:	Job Duties:	
Start Date:	End Date:		
Hourly Wage:	<input type="checkbox"/> PT	<input type="checkbox"/> FT	Reason for Leaving:
3. Company/Address:		Job Title 3:	
City:	State:	Job Duties:	
Start Date:	End Date:		
Hourly Wage:	<input type="checkbox"/> PT	<input type="checkbox"/> FT	Reason for Leaving:

By signing below, I acknowledge that I have received copies of: 1) Customer Bill of Rights 2) Grievance procedure and; 3) Code of Conduct. I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and that I may have to provide documents to support this application.

Signature: _____	Date: _____
Parent/Guardian Signature: _____	Date: _____

PARENT/GUARDIAN

Name: _____	Phone Number: _____
Relationship: _____	Email Address: _____

FOR OFFICIAL USE ONLY		
Right-to-Work Documents Viewed: <input type="checkbox"/>	Staff Initials: _____	
VleWS State ID#: _____	Date: _____	
-CUSTOMER REFERRAL / ACTION PLAN-		
TALENT DEVELOPMENT		TALENT MARKETING
Workforce Intelligence		Workforce Intelligence
Computer Literacy		Resume Assistance
Career Assessment		Interviewing Assistance
In-depth Skills Assessment		Job matching / Referrals
Career / Technical Education		Pre-screening / Referrals
Vocational Training		Job Fairs
On-line Training / Distance learning		Employment Networking
Tuition Assistance		Job Coaching / Career Counseling
Subsidized Employment		Employer Orientations / Interviews
Support Services		
Pre - Employment Skills		
Basic Skills		
Soft Skills		